WORK SHEET FOR SETTLEMENTS: DEATH CASE

K-WC 13 (Rev. 6-12)

Docke	t No	Heard by
Claima	ant(s)	
Respo	ondent	Insurance Carrier
Date o	of hearing	Place of hearing
Appea	irances:	
	Claimant(s) appeared	by
	Respondent (and insu	rance company) appeared by
	Workers' Compensati	on Fund appeared by
Date o	of accident	Date of death
Place	of accident	
		Compensation paid \$
		eded
MEGIC	ai evidence to be admit	eu
Medica	al and hospital expense	S
		eates (2) Marriage Certificates
LAHIDI		
		tes (4) Letters of Conservatorship
Funera	al expenses	
	of Settlement:	
(1) <u>Cc</u>	<u>ompromise</u>	
	\$	on a strict compromise of the following issues:
(2)	\$	per week to surviving spouse and
	\$	per week to each ofdependents
	Not to exceed \$	